

04/30/01

05-01-01

A

PTO/SB/05 (11-00)

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

TI-31205

First Inventor

Lee D. Whetsel

Title

DUAL MODE TEST ACCESS PORT METHOD AND APPARATUS

Express Mail Label No.

EL645455595US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 202311. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.3. ☒ Specification [ Total Pages **53** ]  
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [ Total Sheets **25** ]5. Oath or Declaration [ Total Pages **2** ]

- a. ☒ Newly Executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**9. ☒ Assignment Papers (cover sheet & documents(s))10. ☐ 37 CFR 3.73(b) Statement  
(when there is an assignee) ☒ Power of  
Attorney11. ☐ English Translation Document (if applicable)12. ☐ Information Disclosure  
Statement (IDS)/PTO-1449 ☐ Copies of IDS  
Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)16. ☐ Request and Certification under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.17. ☐ Other:18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation☐ Divisional☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_

Prior application information:

Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a  
part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a  
portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label

**23494**

(Insert Customer No. or Attach bar code label here)



Correspondence address below

NAME

Wade James Brady III

ADDRESS

CITY

STATE

TX

ZIP CODE

COUNTRY

TELEPHONE

(972) 917-4371

FAX

(972) 917-4419

Name (Print/Type)

Wade James Brady III

Registration No. (Attorney/Agent)

Reg. No. 32,080

Signature

Date

4/30/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you  
are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS  
TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.  
 These are the fees effective October 1, 1997  
 Small Entity payments must be supported by a small entity statement,  
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

## Complete If Known

Application Number	To Be Determined
Filing Date	04/30/01
First Named Inventor	Lee D. Whetsel
Examiner Name	N/A
Group / Art Unit	N/A
Attorney Docket No.	TI-31205

TOTAL AMOUNT OF PAYMENT (\$ 1350.00)

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number 20-0668  
 Deposit Account Name Texas Instruments Incorporated

- ☒ Charge any additional fee required or credit any overpayment ☐ Charge all indicated fees and any additional fee required or credit any overpayment

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	\$710
106	320	206	160	Design filing fee	\$
107	490	207	245	Plant filing fee	\$
108	710	208	355	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$

SUBTOTAL (1) (\$710.00)

### 2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims 16	-20** = 0	18	0
Independent Claims 11	-3** = 8	80	640
Multiple Dependent		270	0

\*\*or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$640)

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension of time within second month	
117	950	217	475	Extension of time within third month	
118	1,510	218	755	Extension of time within fourth month	
128	2,060	228	1,030	Extension of time within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a pubic use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per properly (time number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify)

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

## SUBMITTED BY

Typed or Printed Name

Wade James Brady III

Signature

*Wade James Brady III*

Date

4/30/01

Complete (if applicable)

Reg. Number

32,080

Deposit Account User ID

N/A